Fee Only

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Colin M. Kernan

Serial No. :   10/686,498

For: -   DETACHABLE POWER SUPPLY APPARATUS

Filed: October 15, 2003

Examiner: Alexander Gilman

Art Unit: 2833

Confirmation No. :   3539

Customer No. :   27,623

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Attorney Docket No.:   883.0059USU

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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AMENDMENT

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Dear Sir:

In reply to an Office Action dated August 6, 2004, please amend the above-identified application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 7 of this paper.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2004

Application or Docket Number

10/686498

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
X$ 9=		OR	X$18=	
X44=		OR	X88=	
+150=		OR	+300=	
TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 20	Minus ** 20	=
Independent	* 4	Minus *** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X44=		OR	X88=	$88
+150=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X44=		OR	X88=	
+150=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X44=		OR	X88=	
+150=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.